Communicable Diseases

715.1 PURPOSE AND SCOPE

This policy is intended to provide guidelines for facility staff to assist in minimizing the risk of contracting and/or spreading communicable diseases. The policy offers direction in achieving the following goals:

(a) Managing the risks associated with bloodborne pathogens (BBP), aerosol transmissible diseases (ATD) and other potentially infectious substances.

(b) Providing appropriate treatment for ill inmates while minimizing the risk of the spread of disease.

(c) Making decisions concerning the selection, use, maintenance, limitations, storage and disposal of personal protective equipment (PPE).

(d) Ensuring proper reporting to local, state and federal agencies.

(e) Establishing procedures for the identification, education, immunization, prevention, surveillance, diagnosis, medical isolation (when indicated), treatment and follow-up care for new inmates, and for inmates or employees who have contracted a communicable disease from an ill inmate.

(f) Providing appropriate treatment, counseling and confidentiality should an employee become exposed to a communicable disease.

(g) Protecting the privacy rights of all personnel who may be exposed to or contract a communicable disease during the course of their duties.

715.1.1 DEFINITIONS

Definitions related to this policy include:

Aerosol transmissible disease (ATD) - A disease or pathogen for which droplet (whooping cough, influenza, streptococcus) or airborne (measles, chickenpox, tuberculosis) precautions are required.

Aerosol transmissible disease (ATD) exposure - Any event in which all of the following have occurred:

- An employee has been exposed to an individual who has or is suspected to have an ATD, or the employee is working in an area or with equipment that is reasonably expected to contain aerosol transmissible pathogens associated with an ATD.
- The exposure occurred without the benefit of applicable exposure controls required by this section.
- It reasonably appears from the circumstances of the exposure that transmission of disease is likely sufficient to require medical evaluation.

Airborne precautions - These include the use of an Airborne Infection Isolation Room (AIIR) that meets the American Institute of Architects/Facility Guidelines Institute (AIA/FGI) standards for

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AIIRs, for infectious agents such as measles, chickenpox, and tuberculosis, in addition to medical personnel wearing masks or respirators.

Bloodborne pathogens (BBP) - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Bloodborne pathogen exposure - Includes but is not limited to the contact of blood or other potentially infectious materials with the eyes, mouth, other mucous membranes, non-intact skin, needle sticks, human bites, cuts, abrasions, or any contact with blood or bodily fluids that is synonymous with BBP exposure as defined by the federal Centers for Disease Control and Prevention (CDC).

Ectoparasitic infections - Parasites that live on the skin, such as lice (pediculosis) and scabies (sarcoptic mange). Both infections are communicable and may lead to secondary infections.

HBV - Hepatitis B

HIV - Human immunodeficiency virus

Medical isolation - Housing in a separate room with a separate toilet, hand-washing facility, soap, and single-service towels, and with appropriate accommodations for showering.

NIOSH - National Institute for Occupational Safety and Health

Nosocomial - Acquired during hospitalization. Nosocomial infections are infections that present 48 to 72 hours after admission to a hospital.

OSHA - Occupational Safety and Health Administration

Personal protective equipment (PPE) - Respiratory equipment, garments, gloves, and other barrier materials designed to reduce employee exposure to hazards.

Source control measures - The use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD.

Standard precautions - Infection control practices used to prevent the transmission of disease that can be acquired by contact with blood, bodily fluids, non-intact skin (including rashes), and mucous membranes. Applies to all inmates receiving care, regardless of diagnosis or presumed infection status.

Universal precautions - A set of precautions designed to prevent transmission of HIV, HBV, and other BBP when providing first aid or health care.

715.2 POLICY

It is the policy of this office to maintain an effective program that focuses on the identification, education, immunization, prevention, surveillance, diagnosis, medical isolation (when indicated), treatment, follow-up and proper reporting to local, state and federal agencies of communicable

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diseases. The program is designed to ensure that a safe and healthy environment is created and maintained for all occupants of the facility.

715.2.1 PROCEDURES

TheChief Deputy of Corrections or designee in cooperation with the contract medical provider shall be responsible for establishing, implementing, and maintaining effective written procedures for the following:

(a) Incorporating the recommendations contained in the CDC's "Respiratory Hygiene/ Cough Etiquette in Healthcare Settings."

(b) Screening and referring cases and suspected cases of ATD to appropriate facilities within five hours of identification.

(c) Creating a multidisciplinary team, including the healthcare professional, and security and administrative representatives, who will meet at least quarterly to review and discuss communicable disease issues and activities. The ECO shall retain minutes of these meetings in accordance with established records retention schedules. The ECO also shall coordinate with the local public health entity on appropriate policy and procedure.

(d) Conducting an assessment on the incidence and prevalence of tuberculosis (TB) within the facility's population and the surrounding community. If the statistics indicate risk, the ECO shall develop a written plan that addresses the management of TB, from testing to follow-up care.

(e) Communicating with employees, other employers, and the local health officials regarding the suspected or diagnosed infectious disease status of referred inmates, including notification of exposed employees.

(f) Reducing the risk of ATDs through the Exposure Control Plan and reviewing the plan at least annually.

(g) Reducing the risk of exposure to BBPs (HIV, hepatitis).

(h) Providing a system of medical services for employees who may become exposed to communicable diseases during the course of their employment.

(i) Ensuring that all employees who have occupational exposure to communicable diseases participate in a training program at the time of their initial assignment, at least annually thereafter, and any time there is a change in working conditions.

(j) Making all exposure and treatment plans available for employees, employee representatives, and NIOSH review.

715.3 COMMUNICABLE DISEASE PROGRAM COMPONENTS

715.3.1 SURVEILLANCE

Surveillance takes place throughout the period of the inmate's incarceration and is done in a variety of encounters and inspections. These should include, but are not limited to, the following:

(a) **Medical screening** - Each newly booked inmate should be evaluated for health care needs and signs and symptoms of infectious disease. The receiving screening

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includes questions regarding known symptoms of TB, HIV, sexually transmitted diseases (STDs), and HBV. The individual completing the medical screening should observe the inmate for obvious signs of infection.

(b) **Health assessment** - Whenever possible, inmates should have a health assessment within the first 14 days of incarceration. The health assessment process includes screening for symptoms of communicable disease. Inmates will have a Purified Protein Derivative (PPD) test or a chest X-ray for TB and a blood test for STDs. Voluntary HIV testing is provided based on identified risks.

(c) **Periodic health assessments** - Annual testing for TB should be performed on all inmates who are in the facility for one year or more.

(d) **Sick call and referrals** - At any time during incarceration, an inmate may request to be evaluated for an infectious disease through the sick call process. Health and correctional staff can request that an inmate be evaluated if they notice any signs of potentially infectious disease.

(e) **Contact investigation** - When an inmate housed in the general population develops symptoms of infectious disease, the healthcare professional should work cooperatively with the Chief Deputy of Corrections or the authorized designee and the public health department to provide appropriate screening and testing of potentially exposed persons.

(f) **Environmental health and safety inspections** - The health and safety of the facility environment should be inspected by the local public health entity and reported to the Chief Deputy of Corrections at least quarterly in a written report. Conditions identified as adversely affecting the health and safety of the inmates and/or employees or visitors should be promptly addressed and corrected.

715.3.2 IDENTIFICATION

Any inmate suspected of having a communicable disease will be evaluated by a qualified health care professional as soon as reasonably practicable. Inmates suspected of having communicable diseases will be appropriately isolated until disease confirmation and the period of communicability is determined. Long-term housing consideration will be based on the classification status as well as the behavior, medical needs and safety of inmates and staff. These inmates should be examined by a qualified health care professional within 24 hours. The instructions of the qualified health care professional regarding care of the patient and sanitizing of eating utensils, clothing and bedding shall be carefully followed.

715.3.3 TREATMENT

Qualified health care professionals shall provide care as directed by the Responsible Physician.

(a) The contract medical provider and the Chief Deputy of Corrections should collaborate on treatment planning with the public health department, as appropriate.

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(b) Complete documentation of the signs, symptoms, diagnostic results, treatment and outcome of care provided to inmates who are suspected or confirmed as having a communicable disease should be entered into the inmate's health record.

715.3.4 COMMUNICATION

The Responsible Physician should ensure the following notifications are made whenever a communicable disease is identified:

(a) Notification to the public health authority of all reportable diseases and conditions should be made as soon as practicable. This is done by completing appropriate forms, and if necessary, contacting the public health department directly for situations of multiple spread occurrences.

(b) The healthcare professional and the Chief Deputy of Corrections should be kept informed of any incidence of communicable disease.

(c) The Chief Deputy of Corrections should be apprised of any medical situation that raises the risk of disease level for inmates, correctional officers, or any other staff members.

715.3.5 CONTINUOUS QUALITY IMPROVEMENT

A continuous quality improvement committee shall be formed consisting of the contract medical provider, the Chief Deputy of Corrections or the authorized designee, and a representative from the local public health entity. The purpose of the committee is to monitor infection control issues and evaluate infection control processes to ensure effectiveness.

Monthly statistics should be collected by health care services and assembled into a report presented by the healthcare professional or the authorized designee, detailing surveillance activities, disease identification, and cases treated. The committee should meet quarterly and should discuss topics specific to infection control and communicable disease. Minutes of the meetings should be retained in accordance with established records retention schedules.

715.3.6 EMPLOYEE TRAINING

The contract medical provider or the authorized designee shall provide education to all correctional staff who have contact with infected inmates during the initial employee orientation and annually thereafter. The Training Manager shall schedule this training and shall retain all associated records in accordance with established records retention schedules.

715.3.7 DATA COLLECTION AND REPORTING

The health authority should be responsible for ensuring the systematic collection and analysis of data to assist in the identification of problems, epidemics or clusters of nosocomial infections. All reportable illnesses as defined by the public health department should be reported as required.

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715.3.8 STANDARD PRECAUTIONS

Standard precautions should be used by health care professionals to minimize the risk of exposure to blood and bodily fluids of infected patients. The healthcare professional shall be responsible for establishing basic guidelines including, but not limited to:

- Washing hands or using hand sanitizer before and after all patient or specimen contact.
- Handling all blood and bodily fluids such as saliva, urine, semen, and vaginal secretions as if they are known to be infectious. Where it is not possible to distinguish between fluid types, all bodily fluids are to be assumed infectious.
- Wearing gloves for potential contact with blood and other bodily fluids.
- Placing used syringes immediately in a nearby, impermeable container. Do not recap or manipulate any needle in any way.
- Wearing protective eyewear and a mask if splatter with blood or other bodily fluids is possible.
- Handling all linen soiled with blood and/or bodily secretions as infectious.
- Processing all laboratory specimens as infectious.
- As appropriate, wearing a mask for TB and other ATDs.

715.3.9 TRANSMISSION-BASED PRECAUTIONS

Transmission-based precautions may be needed in addition to universal precautions for selected patients who are known or suspected to harbor certain infections. These precautions are divided into three categories that reflect the differences in the way infections are transmitted. Some diseases may require more than one category (RCW 70.48.480).

(a) Airborne precautions are designed to prevent the spread of ATDs, which are transmitted by minute particles called droplet nuclei or contaminated dust particles. These particles, because of their size, can remain suspended in the air for long periods of time, even after the infected person has left the room. Some examples of diseases requiring airborne precautions are TB, measles and chicken pox.

1. An inmate requiring airborne precautions should be assigned to a designated respiratory isolation room with special ventilation requirements. The door to this room must be closed at all possible times. If an inmate must move from the isolation room to another area of the facility, the inmate should wear a mask during transport. Anyone entering the isolation room to provide care to the inmate must wear a respirator.

(b) Droplet precautions are designed to prevent the spread of organisms that travel on particles much larger than the droplet nuclei. These particles do not spend much time suspended in the air, and usually do not travel beyond a few feet of the inmate. These

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particles are produced when an inmate coughs, talks or sneezes. Examples of disease requiring droplet precautions are meningococcal meningitis, influenza, mumps and German measles (rubella).

1. All staff should wear masks within 3 feet of the inmate. Inmate movement should be restricted to the minimum necessary for effective facility operations. The inmate should wear a mask during transport.

(c) Contact precautions are designed to prevent the spread of organisms from an infected inmate through direct (touching the inmate) or indirect (touching surfaces or objects the inmate touched) contact. Examples of inmates who might be placed in contact precautions are those infected with the following:

1. Antibiotic-resistant bacteria
2. Hepatitis A
3. Scabies
4. Impetigo
5. Lice

The following guide shall be used to determine the appropriate precautions that are necessary to reduce the risk of infection transmission while inmates are being transported. Inmates shall receive training on the disease transmission process and will be provided with appropriate barrier devices.

Precautions for inmate contact and transportation

	GLOVES	SURGICAL MASKS	N95 MASKS	ISOLATION GOWNS
Contact				
Inmate	No	No	No	No
Personnel	Yes	No	No	Yes
Droplet				
Inmate	No	Yes	No	No
Personnel	No	Yes	No	Yes
Airborne				
Inmate	No	Yes	No	No
Personnel	No	No	Yes	No

715.3.10 ENVIRONMENTAL HEALTH AND SAFETY

The contract medical provider or the authorized designee shall conduct a monthly inspection of areas where health services are provided to verify the following:

- The equipment is inspected and maintained to the manufacturer’s recommendations.
- The area is clean and sanitary.

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- The appropriate measures are being taken to ensure the unit is occupationally and environmentally safe.

715.3.11 REGULATED WASTE

The Chief Deputy of Corrections or the authorized designee, in coordination with the contract medical provider, will provide for the management of biohazardous materials and waste and the establishment of a protocol for the decontamination of equipment used in medical and dental treatment. Medical and dental equipment decontamination shall comply with all applicable local, state, and federal regulations. Precautions may include, but are not limited to:

(a) Discarding biohazardous waste in red plastic bags marked with the word BIOHAZARD and displaying the international symbol for biohazardous material. Contaminated disposable PPE shall be discarded in these receptacles.

(b) Whenever a large amount of fluid blood is present, an absorbent powder should be used to gelatinize the fluid, which should assist in clean up. Standard precautions shall be used when removing the product that should then be placed in a red biohazard bag.

(c) Used biohazard bags shall be stored in covered, rigid waste receptacles in designated locations pending weekly removal by a biohazard waste removal contractor.

(d) Records documenting biohazardous waste removal, spore count logs, and cleaning logs shall be retained in accordance with established records retention schedules.

715.4 ECTOPARASITE CONTROL

Ectoparasite control will be initiated, where clinically indicated, immediately following the medical screening or when the inmate manifests signs and symptoms of lice or scabies.

(a) Any inmate who indicates parasitical infection upon entering the facility shall be treated by a qualified health care professional.

(b) Any inmate suspected of having lice/scabies may be referred to sick call by a corrections deputy.

(c) An inmate may access sick calls if he/she believes there is a problem with lice/scabies.

(d) A qualified health care professional shall evaluate any inmate with a lice/scabies complaint. If there are positive findings, the inmate shall be treated for the infestation accordingly.

1. The lice and scabies treatment guidelines will be followed by the qualified health care professional if a providers order for administering medication is obtained.

    (a) The prescribing healthcare professional shall be notified if the inmate is pregnant, as certain medications are contraindicated for pregnant women. An alternative topical application must be prescribed in these situations.

    (b) Documentation in the medical record should include the patient’s symptoms, observations regarding the condition, patient education and prescribed treatment.

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2. The inmate’s clothing and linen shall be removed from his/her cell, placed in a plastic bag and sent to the laundry. These items are considered contaminated and must be disinfected by:
    (a) Machine washing (hot cycle), machine drying (hot cycle), dry cleaning or ironing, or
    (b) Storage in a plastic bag for non-washable items for 10-14 days (head lice), seven days (pubic lice). This method is not recommended for body lice.
    (c) Isolation is not necessary as long as clothing and bedding are properly disinfected and inmates do not share items.
        1. An inmate having poor hygiene should be housed in a single cell until 24 hours after beginning treatment.
        2. Gloves are to be used for direct contact until the inmate has been treated and the clothing/bedding have been removed for disinfecting.
3. Cellmates, sexual partners and any personnel having direct hands-on contact with an infected inmate should be evaluated for prophylactic treatment because of the long incubation period of the scabies parasite.

715.5 EMPLOYEE EXPOSURE CONTROL

All facility staff that may come in contact with another person’s blood or bodily fluids shall follow these procedures and guidelines. For the purposes of this policy, contact with blood or bodily fluids is synonymous with BBP exposure.

All employees shall use the appropriate barrier precautions to prevent skin and mucous membrane exposure whenever contact with blood or bodily fluid is anticipated. Disposable gloves shall be worn, if reasonably possible, before making physical contact with any inmate and when handling the personal belongings of an inmate.

Should gloves come in contact with blood or other bodily fluids, the gloves shall be disposed of as contaminated waste. Care should be taken to avoid touching other items (e.g., pens, books or other personal items) while wearing disposable gloves in a potentially contaminated environment. All procedures involving blood or other potentially infectious materials shall be done in a way to minimize splashing, spraying or otherwise generating droplets of those materials.

Eating, drinking, smoking, applying lip balm and handling contact lenses shall be prohibited in areas where the potential for exposure exists.

715.5.1 IMMUNIZATIONS

All facility staff members who may be exposed to, or have contact with, a communicable disease shall be offered appropriate treatment immunization. The ability of staff to provide health care

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services is predicated on a safe and secure working environment where employees feel safe to do their work, and assures public safety.

Staff shall also receive a TB test prior to job assignment and voluntary annual testing thereafter, at no cost to the employee.

The HBV immunization shall be available to all employees who have direct inmate contact and who test negative for HBV antibodies. The immunization is voluntary and provided at no cost to the employee. Employees who decline the offer of immunization and/or test shall be required to sign a waiver. Employees receiving immunization and testing shall be required to sign a consent form. Employees may reverse their decision to decline at any time by signing a consent form.

715.5.2 PERSONAL PROTECTIVE EQUIPMENT (PPE)

The PPE is the last line of defense against communicable disease. Therefore, the following equipment is provided to all personnel to assist in the protection against such exposures:

- Disposable latex gloves
- Safety glasses or goggles
- Rescue mask with a one-way valve
- Alcohol (or similar substance) to flush skin

The PPE should be inspected at the start of each shift and replaced immediately after each use and when it becomes damaged.

715.5.3 DECONTAMINATION OF PERSONAL PROTECTIVE EQUIPMENT

After using any reusable PPE, it shall be washed or disinfected and stored appropriately. If it is not reusable (e.g., disposable gloves), it shall be discarded in a biohazard waste container.

Any PPE that becomes punctured, torn or loses its integrity shall be removed as soon as reasonably feasible. The employee shall wash up and replace the PPE if the job has not been terminated. If the situation resulted in a contaminated non-intact skin event, the affected area shall be decontaminated as described below.

A contaminated reusable PPE that must be transported prior to cleaning shall be placed into a biohazard waste bag. Gloves shall be worn while handling the biohazard waste bag and during placement into the biohazard waste container. The gloves shall be included with the waste.

715.5.4 DECONTAMINATION OF SKIN AND MUCOUS MEMBRANES

Personnel shall wash their hands as soon as possible following the removal of potentially contaminated gloves. Antibacterial soap and warm water or an approved disinfectant shall be used, paying particular attention to the fingernails.

If an employee’s intact skin contacts someone else’s blood or bodily fluids or other potentially infectious materials, the employee shall immediately wash the exposed part of his/her body with soap and warm water and/or an approved disinfectant as soon as possible. If the skin

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becomes grossly contaminated, body washing shall be followed by an approved hospital strength disinfectant. If large areas of the employee's skin are contaminated, the employee shall shower as soon as reasonably possible, using warm water and soap and/or an approved disinfectant. Medical treatment should be obtained.

Contaminated non-intact skin (e.g., injured skin, open wound) shall be cleaned using an approved disinfectant and then dressed or bandaged as required. Medical treatment is required. All hand, skin and mucous-membrane washing that takes place shall be done in the designated cleaning or decontamination area. Cleaning shall not be done in the kitchen, bathrooms or other locations not designated as a cleaning or decontamination area.

715.5.5 DECONTAMINATION OF CLOTHING

Contaminated clothing such as uniforms and undergarments shall be removed as soon as reasonably feasible and rinsed in cold water to prevent the setting of bloodstains. If the clothing may be washed in soap and hot water, do so as soon as reasonably possible.

If the clothing must be dry-cleaned, place it into a biohazard waste bag and give it to the ECO. The ECO will secure a dry cleaner that is capable of cleaning contaminated clothing, and shall inform the dry cleaner of the potential contamination. The cost of dry cleaning shall be paid according to labor contract agreements.

Contaminated leather boots shall be brushed and scrubbed with detergent and hot water. If the contaminant soaked through the boot, the boot shall be discarded and replaced. The cost of replacement shall be paid according to labor contract agreements.

715.5.6 DECONTAMINATION OF VEHICLES

Contaminated vehicles and components such as the seats, radios and doors, shall be washed with soap and warm water and disinfected with an approved germicide as soon as reasonably feasible.

715.5.7 DECONTAMINATION OF THE CLEANING AREA

The Chief Deputy of Corrections or designee shall designate a location in the facility that will serve as the area for cleaning/decontamination. This area is to be used to keep equipment clean and sanitary and for employees to wash any potential contamination from their bodies. This area is to be thoroughly cleaned after each use and to be maintained in a clean and sanitary order at all times between each use. The application of cosmetics, smoking of cigarettes, and consumption of food and drink are prohibited in this area at all times.

715.6 SHARPS AND ITEMS THAT CUT OR PUNCTURE

All personnel shall avoid using or holding sharps (needles) unless they are assisting medical personnel or collecting them for evidence. Unless required for reasons related to evidence preservation, employees are not to recap sharps. If recapping is necessary, a one-handed method shall be employed to avoid a finger prick. Disposal, when possible, shall be into a puncture-proof biohazard container.

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All sharps and items that cut or puncture (e.g., broken glass, razors and knives) shall be treated cautiously to avoid cutting, stabbing or puncturing one's self or any other person. In addition, if a sharp object contains known or suspected blood or other bodily fluids, that item is to be treated as a contaminated item. If the item is not evidence, touching it with the hands shall be avoided. Rather, use a device such as tongs or a broom and a dustpan to clean up debris. If the material must be touched, protective gloves shall be worn.

715.7 POST-EXPOSURE REPORTING AND FOLLOW-UP REQUIREMENTS

In actual or suspected employee exposure incidents, proper documentation and follow-up action must occur to limit potential liabilities and to ensure the best protection and care for the employees.

715.7.1 EMPLOYEE RESPONSIBILITY TO REPORT EXPOSURE

To provide appropriate and timely treatment should exposure occur, all employees should verbally report the exposure to their immediate supervisor and complete a written exposure report as soon as possible following the exposure or suspected exposure. That report should be submitted to the employee's immediate supervisor. Employees should document in the exposure report whether they would like the person who was the source of the exposure to be tested for communicable diseases.

715.7.2 SUPERVISOR REPORTING REQUIREMENTS

The supervisor on-duty shall investigate every exposure that occurs as soon as reasonably possible following the incident while gathering the following information:

(a) Name and employee identification number of the employee exposed
(b) Date and time of incident
(c) Location of incident
(d) What potentially infectious materials were involved
(e) Source of material or person
(f) Current location of material or person
(g) Work being done during exposure
(h) How the incident occurred or was caused
(i) PPE in use at the time of the incident
(j) Actions taken post-event (e.g., clean-up, notifications)

The supervisor shall advise the employee of the laws and regulations concerning disclosure of the identity and infectious status of a source, and of information contained in this policy regarding source testing.

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715.7.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Any employee who was exposed or who suspects he/she was exposed to HIV or to hepatitis B or C should be seen by a physician or qualified health care professional as soon as reasonably possible.

The doctor or qualified health care professional should be given the supervisor's report and the employee's medical records relevant to the visit and examination. The blood of the exposed employee shall be tested.

The qualified health care professional will provide the Office's risk manager with a written opinion/ evaluation of the exposed employee's medical condition. This opinion should only contain the following information:

- If a post-exposure treatment is indicated for the employee
- If the employee received a post-exposure treatment
- Confirmation that the employee received the evaluation results
- Confirmation that the employee was informed of any medical condition that could result from the exposure incident and whether further treatment or evaluation will be required
- Whether communicable disease testing from the source is warranted, and if so, which diseases the testing should include

All other findings or diagnoses shall remain confidential and are not to be included in the written report.

715.7.4 COUNSELING

The Office shall provide the exposed employee (and his/her family if necessary) the opportunity for counseling and consultation.

715.7.5 CONFIDENTIALITY OF REPORTS

Most of the information involved in this process must remain confidential. The Chief Deputy of Corrections or designee shall ensure that all records and reports are kept in the strictest confidence.

The Office's risk manager shall be responsible for keeping the name and Social Security number of the employee and copies of any information provided to the consulting health care professional on file.

This information is confidential and should not be disclosed to anyone without the employee's written consent (except as required by law). Test results from persons who may have been the source of an exposure should be kept confidential as well.

715.7.6 SOURCE TESTING

Testing a person for communicable diseases when that person was the source of an exposure should be done when it is desired by the exposed member, or when it is otherwise appropriate.

Source testing may be achieved by:

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(a) Obtaining consent from the individual.

(b) Filing a request with a state or local health officer to order blood-borne pathogen testing when an employee is exposed to the bodily fluids of an arrestee (RCW 70.24.340; WAC 246-100-205).

(c) Receiving an order from the Chief Deputy of Corrections for blood-borne pathogen testing for a detainee at the correctional facility (RCW 70.24.360; WAC 246-100-206).

(d) By court order.

Since there is the potential for overlap between the different manners in which source testing may occur, the Chief Deputy of Corrections or designee is responsible for coordinating the testing to prevent unnecessary or duplicate testing.

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